



ARTICLES OF DISSOLUTION OF A LIMITED LIABILITY COMPANY

State Form 49465 (10-00)

Approved by the State Board of Accounts 1999

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS: Use 8 1/2" x 11" white paper for inserts.
Present the original and two copies to address in upper right hand corner of this form.
Please TYPE or PRINT.
Upon completion of filing, the Secretary of State will issue a receipt.

Indiana Code 23-18-9-7

Filing Fee: \$30.00

ARTICLES OF DISSOLUTION OF

Name of Limited Liability Company

The above LLC (*hereinafter referred to as the "LLC"*) desiring to give notice of entity action authorizing and effectuating the dissolution of the LLC pursuant to the provisions of the Indiana Business Flexibility Act, sets forth the following:

Name of the LLC	Date of Organization	Date of Dissolution
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Principal Office: The address of the principal office is:

Post office address	City	State	ZIP code
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In Witness Whereof, the undersigned being the _____ of
(Manager or member)
the LLC executes these Articles of Dissolution and verifies, subject to the penalties of perjury, that the statements contained herein are true,
this _____ day of _____, _____.

Signature	Printed name
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NOTE: You may want to consider filing the Notice of Voluntary Dissolution with the agencies below. Please contact them for further information.

Indiana Department of Revenue, Compliance Division
100 N Senate Ave Rm N203
Indianapolis IN 46204 Telephone: (317) 232-2118

Indiana Department of Workforce Development,
Employer Audit Section
10 N Senate Ave
Indianapolis IN 46204 Telephone: (317) 232-7436